



**CITY OF MONROE**

1110 18<sup>th</sup> Avenue, Monroe, WI 53566  
Phone (608) 329-2530 FAX (608) 329-2561

**Monroe Alcohol Beverages License Application Supplement**

Name of Applicant/Partner/Corporation/LLC: \_\_\_\_\_

Address of licensed premise: \_\_\_\_\_

Telephone number:(\_\_\_\_\_)\_\_\_\_\_ Anticipated opening date: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

What type of establishment is contemplated?

Liquor store\_\_\_\_\_ Grocery store\_\_\_\_\_ Convenience store – gas pumps\_\_\_\_\_

Restaurant\_\_\_\_\_ Bar\_\_\_\_\_ Sports Bar\_\_\_\_\_ Other (explain): \_\_\_\_\_

Describe the type of business you plan to operate if granted a license (attach additional sheets as necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applying for a Class B or C license, what type of food service will you have at this location?  
(check all that apply)

None\_\_\_\_\_ Prepackaged Foods\_\_\_\_\_ Snacks\_\_\_\_\_

Appetizers\_\_\_\_\_ Catered Events\_\_\_\_\_ Full Meals\_\_\_\_\_

Hours of food service – from \_\_\_\_\_ to \_\_\_\_\_  
(Attach additional sheets as necessary)

What percentage of your total sales will be from the sales of alcohol beverages? \_\_\_\_\_%

Identify the registered agent for your Corporation or LLC. This is your Corporation's agent for service of process, notice or demand required or permitted by law to be served on the Corporation:

Name: \_\_\_\_\_ Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

Who will be conducting the day-to-day operations of the business?

Name: \_\_\_\_\_ Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

Does anyone else have money invested or any other interest in this business?

Yes  No

If yes, explain: \_\_\_\_\_

Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business?

Yes  No

If yes, list their name and address: \_\_\_\_\_

\_\_\_\_\_

Private organizations (clubs): Do your membership policies contain any requirement of "Invidious" (likely to give offense) discrimination in regard to race, creed, color, or national origin?

Yes  No

Identify the owner of the building where the establishment is located:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If you lease the building, answer the following questions:

Date lease begins: \_\_\_\_\_ Expires: \_\_\_\_\_

Monthly rental: \$ \_\_\_\_\_

Do you have an option to renew the lease?  Yes  No

Does your lease allow for the assignment to another party without the consent of the owner?

Yes       No

For what length of time have you been guaranteed occupancy? (Number of years)

\_\_\_\_\_

In addition to paying monthly rental, will you have to pay anything additional to the owner of the building to guarantee the performance of the lease?

Yes       No

If yes, explain: \_\_\_\_\_

Does the present owner or occupant object to the granting of your license?

Yes       No

If yes, explain: \_\_\_\_\_

Is there at least 300 feet between the building and any church, school, library or hospital?

Yes       No

Is this premises under construction?

Yes       No

If yes, provide estimated completion date: \_\_\_\_\_

Is this a franchise?       Yes       No

Is this premises currently licensed?       Yes       No

If yes, list type of license: \_\_\_\_\_

Is the current licensee operating?       Yes       No

If no, provide the date closed: \_\_\_\_\_

Legal capacity/occupancy of premises (for Class B and C applicants): \_\_\_\_\_

(Applicant should check with Fire Inspector if legal capacity is unknown)

Seating capacity of premises (for Class B and C applicants): \_\_\_\_\_

Are there any living quarters directly or indirectly accessible and under control of the applicant? (Please note that alcohol may be sold and stored only on the licensed premise, not in living quarters.)

Yes       No

Number of parking stalls on the premises: \_\_\_\_\_

(Do not include street parking. If none on the premises, write "0")

Describe parking and how the parking lot is to be monitored: \_\_\_\_\_  
\_\_\_\_\_

Who is responsible to keep the grounds clean?

Licensee \_\_\_\_\_ Building owner \_\_\_\_\_ Hired maintenance \_\_\_\_\_

Employees \_\_\_\_\_ Other: \_\_\_\_\_

What are your plans to keep the grounds clean of litter/garbage (check all that apply):

Sweep \_\_\_\_\_ Pressure wash \_\_\_\_\_ Pick up litter \_\_\_\_\_ Hired maintenance \_\_\_\_\_

Building owner's responsibility \_\_\_\_\_ Garbage cans outside \_\_\_\_\_

Other: \_\_\_\_\_

How often?

Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Other: \_\_\_\_\_

How will noise issues be addressed? (Check all that apply)

Security \_\_\_\_\_ Manager approaches customer(s) \_\_\_\_\_ Call police \_\_\_\_\_

Signs posted \_\_\_\_\_ Other: \_\_\_\_\_

Do you have any future plans for other businesses, licenses or permits at this location?

Yes  No

If yes, explain: \_\_\_\_\_

How many employees will you have? Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Describe your management experience, staffing levels, duties and employee training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you offering any type of entertainment?

Yes       No

If yes, explain: \_\_\_\_\_

Do you plan to allow dancing?

Yes       No

Do you plan to sell cigarettes?

Yes       No

Utilizing your market research, who would you project your target market to be? \_\_\_\_\_

\_\_\_\_\_

Describe how you plan to advertise/promote your business. What products will you be

advertising? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain anything else you feel we need to know about your business, including:

Uniqueness: \_\_\_\_\_

\_\_\_\_\_

Décor: \_\_\_\_\_

\_\_\_\_\_

Type of food offered and price range: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>HOURS OF OPERATION FOR ALCOHOL BEVERAGE SALES/SERVICE ONLY</b>					
Day of the week	Curent Hours of Operation (Does not apply to new applicants)		Proposed Hours of Operation (If same as current hours, write "same")		Number of customers expected each day
	Open	Close	Open	Close	
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Provide a detailed written description of the building, including overall dimensions, seating arrangements, capacity, bar size and all areas where alcohol beverages are to be sold or stored. **The licensed premise described below shall not be expanded or changed without the approval of the Common Council.**

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**DETAILED FLOOR PLAN:**

A detailed floor plan must be submitted with this application. Any application submitted without the detailed floor plan (including all required items as listed below) will be returned. Even if the premises has been previously licensed and a floor plan submitted, a new floor plan must be submitted with this application. The floor plan must be filed on 8½ X 11 inch sized paper. A separate sheet of paper must be filed for each floor where alcohol will be stored, displayed, sold, given away and/or consumed. Even if the basement is being used for alcohol storage only, a floor plan is still required for the basement. Handwritten plans are acceptable. Plans do not need to be architectural drawings and need not be to scale.

The floor plan must include all of the following items:

- Dimensions of the premises
- Total square feet of the premises (length x width = square feet)
- Label all entrances and exits

- Label all alcohol storage areas (coolers, etc)
- Provide dimensions of all alcohol storage areas (length x width)
- Label all alcohol display areas (behind the bar, shelves, etc.)
- Provide dimensions of all alcohol display areas (length x width)
- Class B & C Applicants Only: Label all seating areas, bars, and food preparation areas (kitchen)
- Class B & C Applicants Only: Label all outdoor areas used for the sale or service of alcohol beverages (for example, patios, beer gardens, sidewalk cafes)
- Class B & C Applicants Only: Provide dimensions of all outdoor areas used for the sale or service of alcohol beverages (length x width)
- Label all parking areas on the premises (do not include street parking). This is required even if the parking is shared, for example, in a strip mall.
- Provide dimensions of all parking areas available on the premises (length x width). The parking area(s) should be marked on the floor plan for the first floor showing the relation to the building.
- Mark the North direction (N ↑) on each page
- Write the date on each page
- Write the legal entity name (and agent's name if a corporation or LLC) on each page
- Write the trade (business) name on each page
- Write the premises address on each page

For outdoor serving areas, a Beer Garden Application must also be completed.

**Read carefully before signing:** Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted will not be assigned to another. Any lack of access to any portion of a licensed premise during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

\_\_\_\_\_  
Officer of Corporation/Member of LLC/Partner/Individual

\_\_\_\_\_  
Officer of Corporation/Member of LLC/Partner/Individual

Subscribed and Sworn to before me

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Clerk/Notary Public  
My commission expires\_\_\_\_\_

Submit this completed form and all related materials to:  
City Clerk, 1110 18<sup>th</sup> Avenue, Monroe, WI 53566